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Bingeman, Melissa Elma

“Live a little longer,” the
Rochester plan

[New York?]

[1914?]

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Box 26

"LIVE A LITTLE LONGER"
THE ROCHESTER PLAN

BY

MISS M. E. BINGEMAN

Secretary "Live a Little Longer" General Committee
of Rochester, N. Y.

A suggestion to utilize idle room in 267,000
school buildings for disseminating information
for better health conditions, through the
agency of the women of the United States

An Address delivered at the Eighth Annual Meeting of
THE ASSOCIATION OF LIFE INSURANCE PRESIDENTS
at New York, December 10, 1914

THE ASSOCIATION OF LIFE INSURANCE PRESIDENTS

1 MADISON AVE., NEW YORK

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GENERAL COUNSEL AND MANAGER.

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THE VOLUNTEER STATE LIFE INSURANCE COMPANY.....	Chattanooga, Tenn.

"LIVE A LITTLE LONGER"—THE ROCHESTER PLAN

By Miss M. E. BINGEMAN

Secretary "Live a Little Longer" General Committee of
Rochester, N. Y.

This subject has a triple interest for you: the humanitarian, the economic and the commercial. The humanitarian side interests you personally, as men; the economic side interests you as citizens of your respective countries, whether of the United States or Canada; the commercial side interests you as Life Insurance officials.

The Rochester plan for educating the public in health and life conservation, christened "Live a Little Longer" by the president of the Board of Education—is so absolutely simple and obvious that it reminds one of the hiding place of "The Purloined Letter"; it is so direct it reminds us of snipers; for it takes definite aim, and hits the mark every time without waste of ammunition. We have found such a splendid point of vantage from which to take a crack at the enemy—disease—that I am here to ask you to help place an army of several thousand in this position, instead of just two people, which is the number engaged in Rochester.

The Board of Education engaged two teachers, one a doctor and one a nurse, to give lessons bearing directly on health and life conservation; for example, what diseases are preventable; how to help to keep them from the home, and also, by community effort, from the community; how the body can be made more resistant to disease: how to nurse scientifically when home nursing is necessary; how to observe, record and report symptoms; what to do in emergencies arising in the absence of doctor or nurse, and when to do nothing until the doctor arrives; what is proper food for sick and well, and how it should be prepared; how to care for children, keeping them, as nearly as possible, in perfect health, and teaching them, as they grow older, that they have a better opportunity to keep their health than has the best physician or surgeon in the world to give it back to them once it is gone.

The classes—to membership in which women eighteen years old and over are eligible—are taught in the public schools outside of school hours, that is, between four and five in the afternoon. Evening courses are also to be begun. By giving these health courses in

NOTE.—For the working details of "LIVE A LITTLE LONGER"—THE ROCHESTER PLAN," see Appendix.

one school after another—or in one group of schools after another, they will eventually be within walking distance of every woman in the city; when it will be time to give them again in the schools which had them first. This is to keep on continuously. The course, as now given, consists of twelve lessons, two a week for six weeks; and can easily be repeated five times a year in succession, with as many running concurrently as is deemed advisable. To keep the classes down to between twenty and fifty is desirable, as in that way pupils are certain to receive greater benefit. This can be done by making the round of the schools with sufficient frequency.

The lessons are accompanied by illustrations or demonstrations, as the case requires. There is the mannikin of the body for physiology; a baby or big doll when the care of the infant is under discussion; a patient and bandages for first aid lessons; a bed—with bedding and patient—for the lesson in taking care of a bed-ridden patient—how to make the bed with the patient in it, giving bed-baths, etc.

The work of operating this plan falls into two distinct divisions: The first, which includes preparation of all the lessons, engaging—and paying—the teachers; that is, the financing of the proposition, deciding upon length, time and place of courses, supplying demonstration material, etc., is clearly the function of the Board of Education. The second, which involves getting the public to attend the classes, has been taken care of in Rochester by civic and business organizations.

At first each of these organizations, as it became interested, worked separately among that part of the public in the welfare of which it was concerned. The clergymen in the Ministerial Association told about the classes from the pulpits; the Chamber of Commerce told about them in its Official Bulletin; the Women's Educational and Industrial Union made the movement a principal activity of its school committee, footed the expense in connection with obtaining local publicity, undertook to interest other organizations, and also sent a postal card announcement of the first course to their entire membership.

Not until the Life Underwriters Association took hold, however, endorsed the plan and immediately proceeded to adopt "brass tack" methods of informing their policyholders about the health classes, did public interest break through the small circle of people who had been nursing the movement through its infancy.

The participation of the life insurance companies—for in the majority of cases the local manager had to get the consent of his

company before sending out in the company's name literature advertising these classes—marked a new era.

This is easily explained. People reason that the aim of life insurance companies and of the public is identical in that it is to the interests of both to promote health and to prolong life. They are convinced that life insurance companies would not participate in a movement which is designed to accomplish this unless they were thoroughly persuaded that it would do just that.

Your interest in their health, they argue, does not arise from a desire to sell them something, whether it be predigested food or chest pads, rubber heels or atomizers, sleeping bags or medical books or transportation to a better climate. They credit you with canniness, but not with sentiment. (You probably do not get credit for a fraction of the sentiment of which you are guilty—though this increases rather than decreases your influence with the public in this matter.) They think it the most natural thing in the world that you should be concerned in the lengthening of human life, which is paramount to saying in public health, and so are ready to follow your lead.

Therefore when eighteen out of the twenty-three local insurance agencies represented in the Rochester Life Underwriters' Association began sending out leaflets advising the families of policyholders to take advantage of these lessons, it indicated that insurance companies with practically one accord saw in this movement a sure benefit to the public. People were quick to recognize this, and so viewed it as of more consequence, with a heightened respect.

One direct result of this quickened interest was a conference called at the Chamber of Commerce, to which were invited the Presidents of each of the endorsing organizations, with the President of the Board of Education, the Superintendent of Schools, and the Chairman of the Public Health Committee of the Chamber of Commerce; and this, in turn, resulted in the forming of a "Live a Little Longer" General Committee, on which each of these various organizations is represented by three of its members. The Rochester Medical Association, the Rochester Public Health Association, and several other bodies that would naturally be interested, were also asked to appoint representatives to act on this Committee, which has assumed the responsibility of seeing that there are classes wherever the Board of Education gives the course.

My object in telling you of this plan is not to convince you that it is good; nor that it is practicable. You can see it is both. It has already proved itself both good and feasible.

My object is to convince you that you have the opportunity to change it from: "Live a Little Longer, the Rochester Plan," to "Live a Little Longer, the National Plan." To change the fact from: "Rochester is doing it," to "Everybody's doing it."

Probably none of you would object if while taking care of the interests of life insurance, in those respects in which the interests of all life insurance companies are identical, you could greatly raise the average of national efficiency; prevent a vast amount of human suffering and sorrow; increase the average length of life; and eventually prevent a large proportion of the six hundred and thirty thousand deaths charged up every year in this country to preventable causes. Nor, to turn it around the other way, would you feel particularly depressed if, while doing all this, you could incidentally increase the amount of insurance written, by decreasing the percentage of risks refused; if you could cut down policy loans by reducing a prolific cause of applications for such loans, i. e., sickness; if you could diminish premium lapses in the same way; if you could increase the savings of policyholders.

All this is quite a contract; yet it is not too big to fill. The question is not even, Can it be done? but, Will you do it?

It can be accomplished by setting several thousand doctors and nurses to work teaching several million women. This does not imply that it can be done all at once, nor that the beginning should necessarily be made with thousands of teachers and millions of pupils. A score, or a hundred teachers, a few hundred or a thousand pupils, would be a very good beginning.

As to what these people should be taught: they should be given that knowledge the lack of which causes the most trouble; it might vary in different parts of the country—perhaps even in different parts of the same city. Give the people the information which, if they act on it, will prevent this much-deplored preventable death and preventable sickness.

Now it would not be absolutely unreasonable to propose that life insurance companies should furnish this instruction for their policyholders and the families of policyholders. More than one company represented here by its officials is working along those lines now. And yet you see this is precisely what I am *not* proposing. I propose that you get someone to do this for you; and then get your policyholders to take advantage of it; that you assemble the various parts of the machine, as it were, crank it, and supply the spark—then let the Boards of Education supply the gasoline and run it.

The destination is Decreased Mortality in early and middle life,

Decreased Sickness, Increased Efficiency. The parts of a superb machine are waiting simply to be assembled:—thousands of potential teachers in our doctors and nurses; and, scattered all over the country, owned by the people, within walking distance of the people, standing idle at least two-thirds of the time, are 267,000 school buildings. The passengers who are to ride in this machine, to this destination, are, of course, the people—your policyholders.

Because we recognize that everyone needs this knowledge, that the lack of it is responsible for the great bulk of what we term "preventable sickness" and "preventable death," the cry is everywhere *Educate the Public!*

Professor Sedgwick, speaking at your last Annual Meeting on "The Public Health Movement in America; To-day and To-morrow," said:

"We have got to educate and organize. Wendell Phillips used to say, 'Agitate, agitate, agitate.' Our cry to-day is 'Educate, educate, educate.'"

Dr. Eugene Porter, former Health Commissioner of New York State, in speaking at your 1910 Annual Meeting, said:

"But if the prevention of disease is to be the crowning glory of our civilization a campaign of education must be undertaken. The expert knowledge now possessed by our trained sanitarians and expert laboratory workers must be carried to every home."

Dr. Osler says, "What is required next is popular education—education not in disease but in health."

Dr. Oscar Dowling, speaking to your body in 1911, said: "At present the people do not understand the close relation of health and efficiency . . . they are ignorant of the means of prevention and the economy of preventive measures."

The World's Work, quoting from a letter written by a prominent member of the medical profession to Harvard's Department of Public Health, says:

"We are continually asked, 'If disease is so preventable, why is it not prevented?' The answer is, 'Because of the general ignorance of the problems concerned.' The doctor of to-day is trained rather to relieve than to prevent suffering. To remedy the existing state of affairs we need, first of all, a diffusion of an immense mass of useful knowledge that has accumulated as a result of the careful scientific work of the last two decades."

Edward Devine, in his "Summing Up"—the last chapter in his work entitled "Misery and its Causes," says:

"Freedom from disease, this consummation, so devoutly to be

wished, so inseparably connected with almost every other kind of progress, so directly within possible social control, so sadly neglected, so certainly, a matter for national, State, and municipal action, for voluntary co-operation in educational and relief measures, and above all, for the fullest exercise of individual initiative and responsibility."

In fact, all over the country prominent sanitarians, educators, health officials, insurance companies, the public press, are crying, "Educate the Public!"

And how are we educating them! We generously allow the new generation to learn from observation what their parents before them knew; we leave them perfectly free to learn from experience. We also permit them, if they feel inclined, to read the numerous delightful articles by Dr. Wiley, Dr. Woods Hutchinson and others, and to hear an occasional lecture by Mr. Flynn or Horace Fletcher. And then we think we have done *our best* to educate them.

If you wanted to give your daughter an education in music, or art, or stenography or French, would you do it that way? If your son wanted to learn to be an architect or a lawyer or a doctor or a civil engineer, would he set about it that way! No! When we are really in earnest about educating anyone in anything whatsoever, we take definite steps to have them taught by some person who knows enough about the matter in question to instruct them. In witness whereof look at the people who are in real earnest about learning the latest dancing step.

These other means of education all have their function; they are all absolutely essential—in their place! Entertaining articles by Dr. Woods Hutchinson and Dr. Wiley do their work in creating a first interest in this subject. It is because of the splendid part which the press has played in awakening the public to the need for health education that the time is now ripe to offer it. But it is not the function of any of these other methods of educating the public to take the place of oral instruction from master to pupil.

The observation method—a crude sort of apprenticeship system—also has its place, it is absolutely an essential part of education; but, as Dr. Charles Van Hise, President of the University of Wisconsin, said in a lecture on Conservation, "The fatal defect of the apprenticeship system is that the son does not advance beyond the father." He referred to the farmers of the country who, until recently, were content to learn in this same way. Nowadays the farmer still learns what his father knew, but he adds to that what the soil specialist and the plant disease specialist and

the pomologist and the veterinarian have learned in years of investigation. If he cannot take a full course at some agricultural college, he at least takes a "short course." Now, also, Farm Bureau Agents instruct the farmer on his own farm; they form a connecting link between the agricultural college and the farm. They are teachers.

There is every reason to believe that the principles applied thus in conserving the natural resources of the farm would, if applied to the homes, result in conservation of health and life.

There is also the experience route to education. And opinions vary as widely as the poles regarding the value of the experience people get in everyday life; some claiming that it is worth so little that it is as nonsensical to give intelligent people—who have had the average home experience with sickness—any theoretical knowledge, as it is to expect to teach a man who has never been off Broadway to shoot big game, by giving him a few lessons out of a book. Others claim this same experience is so valuable that the woman of average intelligence has nothing more to learn, having already learned everything worth knowing, by experience.

Both views cannot be right! And, as usual, the truth lies between the two extremes. The experience which every person who is not mentally defective is bound to get by the time he is mature is excellent groundwork upon which to build a structure of health education. But, to expect people to learn all they need to know of this matter from experience, is no worse folly than it would be to set out in a beautiful new touring car for a five-thousand-mile trip, over all kinds of roads, without road-map, blue-book or guide, claiming that one would learn all that was necessary about the roads and the route from experience. They probably would learn a good deal that way—and it would be costly learning.

Yet in this matter of infinitely greater importance, we still defend this method of learning in preference to others. We do this knowing that the person never lived and never will live who can get a new machine when he wrecks his own. And for this first-hand knowledge of disease we pay not only in cold cash, but in time, in suffering and with life itself.

Will you pardon a personal illustration? What we learned in my home about typhoid fever—the oncoming symptoms, how regular typhoid may be contracted from a case of walking typhoid—cost us three preventable cases of typhoid, with six months of continuous sickness, and my youngest brother's life. That is how we pay when

we learn by experience. We know—when our particular need for the knowledge is past.

And yet to-day, when the whole country appears to be awake to the need of educating the public in health and life conservation, the great mass of people still learn in this criminally expensive way. We all learn some things this way which we should, and could, learn by some better method—which could be taught us, if there were anyone whose business it was to teach us.

Wouldn't it be wiser to pay the cash to teach the people, to prevent the suffering, and to save the lives? Is there any reason why the women of the country should continue to experiment with the human machines in their care when reliable information is available?

People will tell you that "A little knowledge is dangerous," forgetting that ignorance is a hundred-fold more dangerous, and blind to the fact that if "a little knowledge" is dangerous it is manifestly a danger from which there is no escape. The danger we need to fear lies not in the word "knowledge" but in the "little." A little knowledge is dangerous when we over-rate it—when we do not see the limits of our knowledge—when we think we know it all. The only person who is hopelessly ignorant is the person who thinks he knows enough.

But the people who are self-satisfied with their present knowledge should not be allowed to hinder wiser people from being given an opportunity to learn more. There are right now enough women in every community who want this knowledge to make it worth while engaging teachers to teach them; women who are intelligent enough to know that although they know something, they have more to learn. And the self-satisfied ones will themselves gradually come to realize that even they might add a little to what they had considered a sufficiency of knowledge.

Also, since the most intelligent people will, as a matter of course, supply the first pupils, the appeal, if we are wise, will be made to them. Any woman—or man either, for that matter—would rather do the thing which stamps him as intelligent than that which stamps him as ignorant. To offer this instruction, and to intimate that it is for the ignorant, would be a fatal mistake, for they will not come immediately anyway—and it would keep away the others.

We acknowledge that if health and life are to be conserved, the public must be educated. We admit that if a large enough proportion of the hundred million laymen in the United States and Canada are to be thus educated to make a real dent there must be systematic

provision for education of this character. There is no denying that the method of educating which in practically all other subjects has been found the most efficient—that is, oral instruction from master to pupil—is really virgin ground in this matter of educating in health and life conservation. We see that in this also it can be applied so as to diffuse a maximum of information with a minimum of time, energy and money. We recognize that instruction of this nature cannot fail, incidentally, to make more productive all the other varieties of health education, such as observation, experience, hearsay, reading, lectures and lessons on special subjects, or isolated lectures. Considering all this must we not say: "We have not yet begun to fight!"

For what do we wait? Why is not health education right now being placed within reach of the millions, within walking distance of seventy-five per cent. of the women in the country, as it evidently could be? For, where one woman can leave her home to attend a Mothercraft school, or a Home Economics school or a Nurses Training School, thousands could take advantage of such courses of instruction as are being given in Rochester, were they offered, as there, in the public schools.

Consider, we have \$1,221,695,730.00 invested in school property, and that this capital is idle approximately 66 per cent. of the time. Then over against this consider that for lack of educating the public on this subject of health it is estimated that we lose in the United States one and one-half billion dollars annually from preventable disease. Putting it another way, we lose by preventable deaths more than 1,700 people every day, to say nothing of the large proportion of people ill from preventable diseases among the three million people estimated to be continuously sick. Putting it in still another way, we are permitting the average length of life to be shortened by fifteen years.

Here we have at least one and one-half million people sick from preventable causes, largely for lack of health education; one hundred and forty-two thousand three hundred and thirty-two doctors; and one hundred thousand trained nurses, competent to give instruction; two hundred and sixty-seven thousand school buildings, most of which have some idle rooms during at least 50 per cent. of the possible teaching hours.

Do not these figures fairly shriek of a ripe opportunity! Is it too much to say that the country is merely waiting to have its attention called to this overwhelming opportunity—for some one to crank the machine, and supply the spark?

And because public movements often wax and wane according to the caprice of individuals, so that we have sudden spurts of fire prevention after a Salem fire, and spurts of disease prevention after a typhoid epidemic, and spurts of pure food agitation after a rotten egg or diseased meat scandal, while between times the good work languishes, we can be fairly certain that if this work is to be assured of continuity and efficient management it must be conducted by a thoroughly organized business interest—which means that it must be directed by business men who have at least some direct financial interest in its effectiveness; also they must be men whose acumen and farsightedness have the respect of men of affairs—of the men who vote the funds to pay the teachers.

The Association of Life Insurance Presidents fills these requirements, reaching as it does every part of the country; with the agents of its constituent companies organized in every locality. Each community undertaking this health education work would, of course, meet the expenses, because they receive the benefit. But the Life Presidents Association could supply an essential which no money can purchase—a perfect organization which is in a position to co-ordinate in every locality of every State in the Union and every province in Canada the various forces which would have to co-operate with each other to make this plan work out perfectly.

Dr. Vaughn at your last annual meeting said, "Ignorance which results in misery to one's fellows is not only a vice but a crime." When a municipality can instruct one thousand women a year in health and life conservation, for the sum of two or three thousand dollars, a sum that anyone who could lay his hands on would willingly part with for one surgical operation, if such were necessary, isn't it criminal to neglect doing this?

Moreover, it would pay any community to furnish this instruction if no one took advantage of it except your policyholders. For this reason: the most valuable asset to any community lies in its thrifty citizens, the citizens who will make a present sacrifice for a future benefit. And, while it is impossible to draw any straight line between the thrifty and unthrifty, probably the nearest anyone could come to making such a division would be the life insurance line. Your policyholders, that is, represent the citizens worth most to the community, the lives most worth saving.

Here, however, is the significant point. Saving the life of one of your policyholders for one year means for you, at most, one more premium—it means just as many additional premiums as he lives

additional years, up to the time his policy matures. But what does it mean to the man, to the family and to the community! A man is worth much more to his community than a life insurance premium; he is worth to his family and friends more than many life insurance premiums, and to himself, more than all his possessions. Therefore, should the Life Insurance Presidents take up this work, and bring to the attention of municipalities throughout the United States and Canada the possibility of systematically educating the public in health and life conservation, and should they provide for these municipalities a good working plan, they would be benefiting these two nations out of all proportion to any benefit they themselves received. While the commercial gain to the life insurance companies would be worth the effort on the part of the companies, the humanitarian and economic gain—the gain, that is, to the individual and to the community—would be immeasurably greater. They would be so great as to place civilization forever in the debt of life insurance.

In Rochester all that was necessary was to point out that this could be done. There must be hundreds of communities that would require no more than this to open their schools for this purpose. Here is an opportunity for the Association of Life Insurance Presidents to undertake the generalship of a great campaign.

APPENDIX

DATA GIVING WORKING DETAILS OF "LIVE A LITTLE LONGER"—THE ROCHESTER PLAN," WITH SUGGESTIONS FOR STARTING THE MOVEMENT IN OTHER COMMUNITIES

- I. PURPOSE OF HEALTH COURSES.
- II. SCOPE OF PLAN.
- III. LESSONS.
 - A. Outline of lessons given by doctor.
 - B. Specimen lesson given by doctor.
 - C. Outline of lessons given by nurse.
 - D. Specimen lesson given by nurse.
- IV. INSTRUCTORS.
 - A. Qualifications of physician-teacher; preparation.
 - B. Qualifications of nurse-teacher; preparation.
 - C. Finding qualified physician-teachers.
 - D. Finding qualified nurse-teachers; including sources of supply.
- V. REMUNERATION OF INSTRUCTORS.
 - A. The plan followed in Rochester.
 - B. Suggested sources of salary fund.
- VI. THE ROCHESTER "LIVE A LITTLE LONGER" GENERAL COMMITTEE.
 - A. Function.
 - B. Organization.
 - C. Function of the Standing Committees.
 - D. General Publicity.
 - E. Efficiency Machinery.
- VII. SUGGESTIONS FOR BEGINNING MOVEMENT IN OTHER LOCALITIES.
 - A. Constructive Measures.
 - B. Cautions to be observed.
 - C. Summary of local program.

I

THE PURPOSE OF THE "LIVE A LITTLE LONGER" HEALTH COURSE

To reduce inefficiency, sickness and unnecessary or premature death, by placing health education within reach of the whole public.

To place the opportunity of obtaining health education before the public in such a way that it will be popularly taken advantage of.

To place the burden of educating the public in matters concerning health on the shoulders of the public (through Boards of Education or other authorized public servants), where it belongs, since the public reaps the

benefit; and to take it off the shoulders of the medical profession, where it now rests.

II

THE SCOPE OF THE "LIVE A LITTLE LONGER" PLAN OF HEALTH EDUCATION

To standardize and systematize health education; to place it upon a business basis and give it a recognized place in our educational system.

To furnish what is most desirable, a well-balanced foundation of essentials in knowledge regarding the preservation of health, and the care of the sick and injured.

A "Live a Little Longer" course should mean something as definite, for example, as a mathematics course. It should set a standard recognized from Maine to California; from James Bay to the Gulf of Mexico.

III

LESSONS

A. *Outline of Lessons Given by Dr. Carter, Health Course, Rochester, N. Y. 1914.*

Lesson I—Care of Child: Birth to Two Years.

New born babe.

Weight, height, temperature, clothing (hot and cold weather), bathing, sleep, skin, heart and circulation, lungs, liver, stomach, kidneys, sight, vocal apparatus, feeding (time, kind, composition).

Development of child—dentition, convulsions, rickets, shoes, vital statistics.

Lesson II—Care of Child: Two to Twelve Years.

Development—weight, height, teeth.

Diet.

Bowels—diarrhoea, constipation.

Clothing, sleep, kidneys, methods of handling, selection of toys, care of

teeth and mouth (adenoids), colds.

Contagious diseases—measles, German measles, scarlet fever, chicken

pox, whooping cough, diphtheria, mumps.

Lesson III—Physiology, Hygiene and Psychology of Menstruation.

Anatomy and physiology of pelvis and pelvic organs.

Changes in sex at puberty.

Menstruation—normal, abnormal.

Hygiene previous to puberty.

Hygiene of the menstrual period.

Psychology of adolescence.

Lesson IV—Emergencies—First Aid Materials.

Fractures—kinds, symptoms, treatment.

Sprains, dislocations.

Drowning.

Attempted suicide by hanging.

Poisoning by illuminating gas, by chloroform.

Electrical accidents.

Demonstrations—

First aid in fracture of arm, of collar bone, of ribs, thigh, leg

(pillow splint).

Improvised stretchers.

Removal of electric wires.

Artificial respiration—prone pressure or Schaefer's method.

Lesson V—Emergencies.

Hemorrhage—arterial, venous, capillary.

Hemorrhage from nose, ear, lungs, stomach—treatment.

Freezing.

Heat and sun stroke, heat exhaustion—treatment.

Bruises and wounds.
Escape from burning building.
Burns—fire, chemicals.
Fainting, vomiting, convulsions, apoplexy.
Demonstrations—

Arrest of hemorrhage.
Treatment for fainting.
Removal of cinder from eye.
Care of wounds.
Extinguishing fire upon a person whose clothing is on fire.

Lesson VI—Motherhood.

Pregnancy—physiology, ailments, prophylaxis, hygiene.
Motherhood.
Climacteric—menopause—normal, abnormal, danger signals.

Additional Lessons

These lessons were included in the 24-lesson course (12 by physician-teacher and 12 by nurse-teacher), but omitted in the 12-lesson course; some of them, probably, will again be included.

Anatomy and Physiology.

Anatomy—bones, muscles, nerves.
Physiology—digestion, heart and circulatory system, lungs, liver, kidneys, skin.

Causes of Disease.

Physical, chemical, infection by contact, disease carriers, influenza and tonsillitis.

Prevention and Recognition of Disease.

Normal life, longevity.
Conservation of health.
Fatigue.
Poisonous foods—shell fish, meats, milk, vegetables.
Pneumonia.

Rational Principles for Cure of Disease.

Personal hygiene.
Hygiene of nutrition, environment, ventilation.
Standing posture.
Exercise.
Headache.

Suggested Topics (by Class).—Subjects regarding which one or more members of one of the classes asked for additional instruction.

Lime water for infants.
Prevention of arterio-sclerosis.
Rheumatism.
Coffee.
Worms.
Neuritis.
Constipation.
Adolescent boy.
Goitre.

B. Specimen Lesson Given by Doctor

Lesson I

Care of Child—Birth to Two Years

Clothing: No clothing which interferes with the entire freedom of the whole body should be permitted. During the hot weather the baby feels the heat more than an adult, therefore remove most of the baby's clothes. A loose shirt, diaper and a thin dress are sufficient.

Temperature: The actual temperature of a new born child is 99-100. It drops in an hour or two and at the end of the first week is about 99. Do not subject the child to unnecessary exposure during the first few hours. For the first few weeks 75-80 F. is a good room temperature. This may be maintained by the use of hot water bottles. After three months gradually lower the temperature to 70 F. Give the baby fresh air day and night.

Water: Bathe the baby every day, also a partial bath whenever the diapers are changed. In hot weather give the baby a cool sponge bath several times each day. Give the baby plenty of cool boiled water every day.

Rest and Sleep: The baby should sleep alone from birth, and never with its mother. Keep the baby quiet, free from noise or unnecessary handling. A young infant should sleep twenty out of twenty-four hours.

Shoes: When the baby begins to walk at nine months to one year of age, be sure that he has flexible sole shoes that the muscles of the legs may be well developed, that the shoes are of sufficient width and length to be a true fit for his foot.

Care of the Mouth: Normal primary dentition—The cutting of the milk teeth begins between the fifth and eighth month after birth, and terminates between the twenty-fourth and thirty-second months. The average period of eruption is shown in the following table:

Central incisors,	5-8 months after birth.
Lateral incisors,	7-10 " " "
First molars,	12-16 " " "
Cusps, eye-teeth,	14-20 " " "
Second molars,	20-32 " " "

The lower teeth usually appear a few weeks in advance of the upper. Cleanse the baby's mouth at least twice each day with a small piece of sterilized cotton which has been dipped in sterile water or a saturated solution of boric acid. Be sure to pass it over the entire surface of the mouth, under the tongue, etc.

When the teeth are fully erupted use a small soft brush, camel's hair bristle preferably. When the infant is taking a mixed diet the teeth should be cleaned three or four times each day. If baby is ill dental decay is apt to take place more rapidly.

C. Health Course—Talks by Nurse

Lesson I—Home Care of the Sick.

Location, sanitation and care of the room used by a sick person.
How to make patient comfortable.
Demonstration of uses and care of hot-water bottle, ice-cap, rubber-ring, heel-pads, etc.
How to take care of sick person.

Lesson II—Care of Baby.

How to take care of a baby from birth to two years.
Demonstration of baby's bath.

Lesson III—Bed-making and Bath-giving.

Demonstration of how to make bed and how to give baths to patients confined to the bed.

Lesson IV—Bandaging.

Demonstration of application of emergency bandages, tourniquets and simple bandages.

Lesson V—Dietetics.

Describing briefly food principles, the care and preparation of foods, modification of milk for babies, special diets for certain diseases, food for the sick and convalescent.

Lesson VI—Maternity or Post-natal Care.

Care of mother from time of delivery to convalescence, including diet.

D. Specimen Lesson Given by Nurse

Lesson I

Home Care of the Sick

The Room

Location.

Sanitation and Ventilation.

Methods of ventilating and lighting.

Methods of heating.

Temperature of room during fevers, 55-60.

Temperature of room during bronchial affections, 70.

Temperature of room during ordinary illness, 65.

Furnishings—simple. Avoid "dust collectors."

General care of room—daily cleansing, disposal of excreta, care of utensils, care of flowers and plants, use of disinfectants.

Care of patient.

Personal care—body, hair, mouth, teeth, etc., taking temperature, giving medicine, enemata and douches, external applications, prevention and care of bed-sores, methods of making patient comfortable, convalescence.

IV

INSTRUCTORS

A. Qualifications for Physician-teacher:

1. The requisite medical training, i.e., a full course, with graduation, from a good medical school.
2. Practical experience gained in private general practice. This is essential, as the teacher should know the actual conditions to be found in homes of all classes. He should know what, and how much, the average woman knows about the subjects being taught. Only in this way will he be able to avoid spending more time than is actually necessary in telling things which they already know; and only so will he avoid taking for granted that they know some things which they do not know, or which some of them, at least, do not know.
3. Natural aptitude to teach.
4. It is desirable, but not necessarily essential, that he have also either pedagogical experience or training.

Preparation

5. The following universities, in reply to a recent inquiry, have indicated that they would co-operate in preparing physician teachers, by offering short pedagogical courses for physicians desiring to prepare themselves to teach, should there be a demand for such courses:

University of Michigan, Ann Arbor.

University of Minnesota, Minneapolis.

George Washington University, Washington, D. C.

University of Wisconsin, Madison, Wis.

Teachers College, Columbia University, gives regular courses.

(Several still to hear from.)

B. Qualifications of Nurse-teachers:

1. A full course, with graduation, from an accredited Hospital Training School.
2. Experience in private nursing. (This is essential for the nurse-teacher for the same reason that it is for the physician-teacher.)
3. In connection with, or supplementary to, her training, either dispensary service or training as district nurse. (Private practice makes a nurse acquainted with the conditions to be found in homes of the medium and well-to-do portion of the population, and with the amount of knowledge usually possessed by the people in these homes; dispensary or field service makes her acquainted with homes of the poorer people, and with people who have had limited opportunities to inform themselves.)
4. Natural aptitude to teach.
5. Pedagogical training or experience. (This is more necessary in the case of the nurse than in that of the doctor, since a nurse has not had, in her technical training, as much opportunity to observe the methods of instructors, her class-work being limited in comparison with the class-work of a physician. The doctor, also, usually has had a better foundation of general education before taking his technical course.)

Preparation

6. Columbia University has had, for some years, a Department of Nursing and Health, in connection with Teachers College, which prepares Training School graduates to teach nursing.
7. The same universities which have indicated their readiness to co-operate in preparing physician-teachers, will do this also in regard to nurse-teachers.

C. Methods of Finding Physician-teachers

1. In most localities, and particularly in the smaller ones, some local doctor will often stand out as pre-eminent fitted to undertake this work; in which case, it remains for the Board of Education to persuade him—or her—to undertake it.
2. By going over the names of the local physicians the Board of Education will probably find a number who are qualified and fitted to perform such a service to the community. The extent of a physician's practice, and the remuneration the Board is able to pay will then be factors in deciding which of these physicians the Board shall then make an effort to engage.
3. In very large cities it would probably pay to engage such a physician-teacher by the year; and in such a case one who had experience in teaching in a Medical School, or in a Training School, or who had had teaching experience previous to his medical training, might be employed.

D. Methods of Finding Nurse-teachers; with Sources of Supply

1. What has been said relative to the Board knowing of some local physician-teacher as being pre-eminent fitted for this work, can also be said with respect to the nurse-teacher.
2. If no nurse stands out as pre-eminent capable for this kind of work, the local physicians, who are in every case acquainted with the qualifications of nurses, would be able to suggest the names of nurses who possess the necessary technical training and experience. The Board could then inquire as to the pedagogical qualifications, and form its own opinion as to the natural aptitude.
3. In many—perhaps in most of the smaller communities—arrangements could be made with the instructor of nurses in the local Hospital Training School to give this instruction, particularly where not more than two classes were running concurrently.

4. A number of superintendents of Hospital Training Schools have indicated that they would co-operate in finding nurses qualified and willing to go into this work, by placing in the local Nurses' Registries explanatory literature, if such is supplied to them for the purpose.

The following questionnaire was sent to a limited number of Superintendents of Hospital Training Schools:

"What I should be glad to know, therefore, is whether you would—should there be a demand for nurses as teachers—co-operate in this movement:

- "1. By allowing to be placed in your Nurses' Registries the names of Boards of Education looking for such nurse-teachers, with literature explaining the intended scope of the work.
- "2. By allowing to be placed in your Nurses' Registries the names of Universities and Normal Colleges offering to give short pedagogical courses to nurses wishing to prepare themselves to teach."

The following have answered:

Affirmative replies to questionnaire in form filled out:

The Presbyterian Hospital, New York City.
St. Luke's Hospital, San Francisco.

Affirmative replies, not on form sent:

Margaret Fahnestock Training School, of the New York Post-Graduate Hospital.
University Hospital, Philadelphia, Pa.

Several have not yet been heard from. The same questionnaire will be sent out to more Training Schools.

V

REMUNERATION OF INSTRUCTORS

The Rochester Health Course teachers are paid as other teachers for adults are paid, that is, the Evening School teachers; and the Health Course students are registered as Evening School students are registered.*

To pay salaries of such Health teachers for adult classes, the following sources are suggested:

1. The regular school budget.
2. A special appropriation from the town or city council to use funds from the regular school budget.
3. A special grant from the council for this purpose.
4. A fund raised by private individuals, that is, by subscription, or by a general committee, to pay the teachers until the plan shall have been tried out locally to the satisfaction of the proper authorities; when they would probably vote the necessary funds.
5. The local Health Department would be apt to co-operate in a health education plan, and this co-operation might be turned to good account in getting the necessary funds to pay the salaries.

VI

THE ROCHESTER "LIVE A LITTLE LONGER" GENERAL COMMITTEE

A. Function

This is primarily a publicity committee. Its function is:

1. To see that the Rochester public hears about and understands the pur-

*Students pay \$1.00 a term for enrollment, and this dollar is returned at the close of the course to all who have attended 80 per cent. of the class periods.

pose of the health courses offered by the Board of Education, and what these courses are supposed to cover.

2. To place this information before people in such a way that those who are eligible to join these classes will want to do so.

B. Organization

1. Membership and Constituent Organizations.

The general committee was composed, at first, of three representatives from each of the organizations that had endorsed this movement, or that had the matter, when the committee was formed, under consideration. These were:

The Rochester Board of Education.
The Woman's Educational and Industrial Union.
The Rochester Chamber of Commerce.
The Life Underwriters' Association of Rochester.
The Union Ministerial Association of Rochester and Vicinity.
The Rochester Medical Association (a federation of all medical societies in Rochester).
The Rochester Public Health Association.

This General Committee then asked several other interests and organizations to appoint, each, one representative to act with them. It also appointed to membership on the Committee several individuals who represented large factors in the community. There have been added to the Committee by these methods, representatives of the following:

The Jewish Church.
The Roman Catholic Church.
The Rochester Public Library Association.
The Rochester Newswriters Club.
The Central Trades and Labor Council.

It is quite possible that a few more members may be added in this way.

When the president of a constituent organization is not one of the appointees, he becomes a member ex-officio, by virtue of his office, and, as such, is invited to all Committee meetings, where he has the same privileges as appointed members.

2. Officers and Committees:

There are four Officers—Chairman, Vice-Chairman, Secretary and Treasurer. The first three of these are elected. The Treasurer is named by the Finance Committee from among its members.

There are three standing committees:—Finance, Plan and Scope, and Press.

Temporary sub-committees are appointed (whenever courses are announced by the Board of Education) to take particular charge of the advertising in each center in which the course is being given. These sub-committees are composed of the principal of the school in which the course is to be given, and a member of the General Committee; one being appointed who is thoroughly conversant with the character of, and conditions in, that school center.

C. Functions of the Standing Committees

It is the function of the Finance Committee to estimate what funds will be required to give such publicity to the health courses as the Board of Education would not normally, or could not properly give.

Board of Education publicity normally consists of: One announcement in each city daily newspaper; street car cards on which are listed all the adult courses given by the Board of Education; doggers describing the courses, distributed by the pupils in the school in which the course is to be given and sometimes, also, in adjacent schools.

The items for which money would be required are then discussed and passed upon by the General Committee. The required amount is raised by assessing equally the business organizations represented. (Churches are not asked to contribute.)

The representatives from each organization then either obtain this amount as a subscription from their organization, or from individual members of their organization.

The Plan and Scope Committee intends to draw attention to the courses by means of separate lectures given to groups of men in industrial plants, or to other groups of men. It is too early to say into what this may develop. This sub-committee has extension and expansion as well as publicity functions.

D. General Publicity

Some of the means, used, approved or under consideration for giving publicity to the movement in general, or to actual classes, are:

1. Newspaper articles; reports of activities of the General Committee; of courses in progress; printing of lectures; articles on subjects taught in class.
2. Announcements by pastors from pulpits.
3. Announcements printed in church calendars.
4. Printed announcements (these may be reprints of Board of Education announcement) distributed in churches and Sunday-schools; from clinics and dispensaries; schools, hospitals, etc.; enclosed in pay envelopes of mercantile establishments or industrial plants; or in monthly bills sent out by merchants.
5. Cardboard hangers (the size of street car cards), displayed in street cars, store elevators, windows, or other conspicuous points; clinics, dispensaries, etc.
6. Announcements of classes—and purpose of them—displayed in moving-picture theaters between acts; also slides made from actual photographs of demonstrations in class.
7. Leaflets sent or handed to policyholders by Life Insurance Companies.
8. Communications, with a brief exposition of the courses, and of the purpose of the "Live a Little Longer" movement, sent to all women's organizations, asking that they co-operate by recommending to their members that they attend the classes.
9. Announcements of classes, or brief exposition of the movement, made at meetings of women's organizations or at public gatherings of a civic character, such, for example, as a Safety-First mass meeting, at lectures given under the auspices of the Board of Education, or of civic or educational organizations.
10. Formation of classes into "Live a Little Longer" Leagues, whereby every one who has taken the course automatically becomes a member of this league, the object of which would be, to encourage the movement, and to induce other women to take the course.
11. Compilation and publication of results from time to time.
12. Inspiring a friendly rivalry between classes running concurrently so that each will want to show the highest average attendance.
13. Co-operation, wherever possible, with all other legitimate public health movements.

E. Efficiency Machinery

1. A map of the city has been prepared upon which are indicated:
 - a. The residence of each member of the Committee.
 - b. The business address, or addresses (if any), of each member of the Committee.
 - c. The schools, and school center boundaries, with number.
 - d. The churches.

Attached to this map is a key on which the represented organizations are listed alphabetically, with the names of the representatives tabulated under the organization. Opposite each name are the number of the school centers with which that member is acquainted, or near which he is located.

With this map as a guide it is a comparatively simple matter to find a committee member well qualified to look after the special publicity in any particular school center.

2. There is also an alphabetical card index of the Committee membership; each member's card indicating:
 - a. Church affiliation.
 - b. Fraternal and other society affiliations.
 - c. Residence address.
 - d. Business address or addresses, if any.
 - e. Telephone numbers.
 - f. Organization or interest represented.
 - g. Special information which might be of service to the Committee.
 Each member fills out his own card.
3. The General Committee meets in the Chamber of Commerce rooms, at the lunch hour. The sub-committees meet either at the Chamber of Commerce rooms (occasionally before or after the meeting of the General Committee), at the home or place of business of one of the members, or at any other place that is convenient.
4. Clerical work is done in the Chamber of Commerce office; but the stationery and postage are paid out of the "Live a Little Longer" fund.
5. To avoid unnecessary explanations, the letterhead of the General Committee is designed to give as much information as possible, and includes, besides the name of the Committee itself:—Names of the officers; names of the standing Committees; names of organizations represented, over the names of their representatives with their descriptive titles.

VII

SUGGESTIONS FOR BEGINNING MOVEMENT IN OTHER LOCALITIES

A. Constructive Measures

1. The person or organization interested in beginning a local movement should call a conference. Invitations to this meeting could be sent
 - a. To persons who had already evinced an interest; or
 - b. To officials of organizations whose co-operation it was hoped to obtain; or
 - c. To a selected group of prominent citizens, representing various interests, as for example,
 - Educational
 - Medical
 - Social
 - Philanthropic
 - Industrial
 - Civic
 - Municipal
 - Religious
 - Business
2. Such a conference could arrange for—The formation of a local "Live a Little Longer" General Committee or, should the ground not appear to be in condition for this move, for obtaining the endorsement and co-operation of organizations it was desired to interest. At least one person at this meeting should be thoroughly conversant with the purpose of the movement, the ground which the courses are intended to

cover, the possible expense, possible methods of meeting it and all other details about which questions might be asked.

3. At this conference arrangements could be made for circulating, among the co-operating organizations, a petition to the Board of Education asking that such courses for adults be given. This is a most effective method of getting local publicity, gaining co-operation and proving the demand for education of this character. It should, however, not be used without the knowledge and approval of the local Board of Education; and it should be clearly understood that the purpose of such a petition is in no sense to coerce that body, but to show that there is a demand for this instruction, thus justifying the Board of Education in offering it, and the municipal authorities in providing the funds to pay for it.

B. Cautions to be Observed

In this, as in any public activity that is designed to benefit the whole public, it is essential that points of difference be avoided. This caution needs to be particularly observed in a matter, such as this, where a difference of opinion is certain to exist. It is for this reason that the "Live a Little Longer" courses are kept within certain limits; in this way they can meet with the approval of practically all schools of medicine and all creeds.

C. Summary of Local Program

1. Giving literature to people whom it is desired to interest.
2. Calling conference.
3. Organizing General Committee.
4. Petition.
5. Offering of first course or courses.
6. Program of publicity as suggested by the activities of the Rochester Committee, or as it may be worked out locally by those interested.

For assistance received from the Board of Education, the Chamber of Commerce and the "Live a Little Longer" General Committee, all of Rochester, N. Y., in the preparation of this appendix, grateful acknowledgment is made.

M. E. BINGEMAN.

Publications of The Association of Life Insurance Presidents

Public Health and Public Sanitation

- "Live a Little Longer"—The Rochester Plan, with an Appendix giving working details of this movement and suggestions for initiating and conducting it in other communities. By Miss M. E. Bingham, Secretary, "Live a Little Longer" General Committee of Rochester, N. Y. December, 1914.
- Can Insurance Experience be Applied to Lengthen Life? (Effect of Alcoholic Beverages, Overeating, Undereating, Social Diseases and Occupation upon Length of Life, as Disclosed by a Scientific Investigation of 2,000,000 Insured Lives.) By Arthur Hunter, Chairman Central Bureau, Medico-Actuarial Mortality Investigation; Actuary, New York Life Insurance Co. December, 1914.
- The Reporting of Disease—The Next Step in Life Conservation. By Louis I. Dublin, Ph.D., Statistician, Metropolitan Life Insurance Co., New York. June, 1914.
- Lengthening Life Through Legislation. Report of Health Committee of Association of Life Insurance Presidents. December, 1913.
- The Needed Reforms in Sanitary Administration. By Dr. Rupert Blue, Surgeon-General, United States Public Health Service, December, 1913.
- The Public Health Movement in America—To-day and To-morrow. By William T. Sedgwick, Sc.D., Professor, Biology and Public Health, Massachusetts Institute of Technology. December, 1913.
- Birth and Death Bookkeeping. Business methods applied to the health problem. Association of Life Insurance Presidents. February, 1913.
- Need for Better Vital Statistics. Report of Health Committee of Association of Life Insurance Presidents. December, 1912.
- The Influence of Vital Statistics on Longevity. By Watson S. Rankin, M.D., Secretary, North Carolina Board of Health. December, 1912.
- The Effect of Safe Water Supplies on the Typhoid Fever Rate. By Allan J. McLaughlin, M.D., Passed Assistant Surgeon, United States Public Health Service. December, 1912.
- Conservation of Human Life—an Outline of the Movement Among Life Insurance Companies to Prolong Lives of Policyholders. By Robert Lynn Cox, General Counsel and Manager, Association of Life Insurance Presidents. September, 1912.
- The Gospel of Health on Wheels. By Oscar Dowling, M.D., President, Louisiana State Board of Health. December, 1911.
- The Social Engineer in the Field of Public Health. By Luther H. Gulick, M.D., Director, Department of Child Hygiene, Russell Sage Foundation. December, 1911.

- The Undeveloped Field in the Life Insurance Business. By Hiram J. Messenger, F.A.S., Actuary, The Travelers Insurance Company. June, 1911.
- *The Fight Against Preventable Diseases. By Eugene H. Porter, M.D., New York State Health Commissioner. December, 1910.
- *Report of the Life Extension Committee of the Association of Life Insurance Presidents. December, 1910.
- *Modern Sanitation. By Alvah H. Doty, M.D., Health Officer of the Port of New York. December, 1910.
- *The Work of the Census in Vital Statistics. By Cressy L. Wilbur, M.D., Chief Statistician, Bureau of Vital Statistics, United States Census Bureau. December, 1910.
- Lengthening Human Life as a Business Proposition. By Robert Lynn Cox, General Counsel and Manager, Association of Life Insurance Presidents. April, 1910.
- *Report of Life Extension Committee of the Association of Life Insurance Presidents. January, 1910.
- *Work of the Federal Government in the Matter of Health Conservation. By Walter Wyman, M.D., Surgeon-General of the Public Health and Marine Hospital Service of the United States. January, 1910.
- *The Organization of a Public Health Militia in the Cause of Preventive Medicine. By M. J. Rosenau, M.D., Department of Preventive Medicine and Hygiene, Harvard Medical College. January, 1910.
- *Latent Powers of Life Insurance Companies for the Detection and Prevention of Diseases. By E. W. Dwight, M.D., Medical Director, New England Mutual Life Insurance Co. January, 1910.
- *Movement to Lengthen Life. Abstracts from Editorial Comments on Suggestions to Increase Human Longevity Made to the Association of Life Insurance Presidents. May, 1909.
- A Suggestion Concerning the Increased Longevity of Life Insurance Policyholders. By Burnside Foster, M.D., Chief Medical Examiner of the New England Mutual Life Insurance Company for Minnesota. April, 1909.
- Economic Aspect of Lengthening Human Life. By Professor Irving Fisher, President of the Committee of One Hundred on National Health. February, 1909.
- *Out of print.

Copies of any of the above not out of print will be mailed upon request.

**END OF
TITLE**